

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13		/					63		
14		/					64		
15	/						65		
16							66		
17							67		
18							68		
19							69		
20							70		
21	/						71		
22	/						72		
23							73		
24	/						74		
25		1					75		
26		2					76		
27		2					77		
28		2					78		
29		2					79		
30		2					80		
31		1					81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	30						TOTAL DEP.		
TOTAL CLAIMS	34						TOTAL CLAIMS		